

HEALTH INFORMATION TECHNOLOGY BLUE RIBBON TASK FORCE MEETING MINUTES

**November 13, 2009
9:00 am**

**Nevada Department of Employment, Training and Rehabilitation
2800 East St. Louis Avenue, Room C
Las Vegas, NV 89104**

**Nevada State Health Division
4150 Technology Way, 2nd Floor, Room 204
Carson City, NV 89706**

TASK FORCE MEMBERS PRESENT:

Las Vegas:

Dr. Raymond Rawson, Chairman
Marc Bennett, Vice Chairman
Bobbette Bond
Chris Bosse
Brian Brannman
Rick Hsu
Valerie Rosalin, RN
Robert "Bob" Schaich
Maurizio Trevisan, MD

Carson City:

Peggy Brown
Tom Chase
Robert "Rob" Dornberger
Charles "Chuck" Duarte
Leslie Johnstone
Scott Kipper
Stephen Loos, MD
Mary Wherry, RN – represented Tracey Green, MD
Marena Works, RN

TASK FORCE MEMBERS EXCUSED:

Tracey Green, MD
Glenn Trowbridge

DEPARTMENT OF HEALTH AND HUMAN SERVICES STAFF PRESENT:

Michael J. Willden, Director, Department of Health and Human Services (DHHS)
Julie Slabaugh, Senior Deputy Attorney General, Office of the Attorney General
Lynn O'Mara, Health Information Technology Project Manager, DHHS Director's Office
Laura Hale, Management Analyst IV, DHHS Director's Office
Ernesto Hernandez, IT Manager III, Office of Informatics and Technology, State Health Division
Theresa Presley, IT Professional II, Office of Informatics and Technology, State Health Division
Joyce Miller, Administrative Assistant, DHHS Director's Office

ADDITIONAL TESTIMONY PRESENTED BY:

Todd Radtke, Chairman, Nevada Broadband Task Force

OTHERS PRESENT:

Jack Kim, United Healthcare Services, Inc.
Debra Huber, RN, HealthInsight
Caroline Ford, University of Nevada School of Medicine
Jane Stephen, Allergan
B. Ackles III, 4 Sure MD
John Sande III, Attorney, Jones Vargas
Linda Rawson

Approved: January 08, 2010

Dr. Raymond Rawson, Chairman, called the meeting to order at 9:00 a.m. He stated that public comments were welcome, and would come at the end of the meeting. Also, he explained that the Task Force could not take action on any issue or matter brought forth by the public, if not properly agendaized. It could be placed on the agenda of a future meeting.

Dr. Rawson informed the members that the Governor had recently increased the size of the Task Force to twenty members, and the amended Executive Order was in their meeting packets. He then introduced the new Task Force members. Peggy Brown from the Nevada Chapter of the American Health Information Management Association; Valerie Rosalin, Director of the Governor's Office for Consumer Health Assistance; and Marena Works, Director of Carson City Health and Human Services. Dr. Rawson asked each new member to introduce themselves.

Ms. Brown stated that she was also the Manager of the Medical Records Department at Carson-Tahoe Regional Medical Center, and was very excited about the Task Force and its endeavors. She commented that she continually had patients wanting their health information from physician offices, and the prospect of being able to have that access through this technology was very exciting.

Ms. Rosalin commented that she had been with the Governor's Office and in her position since its establishment ten years ago.

Ms. Works stated that she is a nurse by training and a member of the Nevada Nurses Association.

1. Roll Call and Approval of Meeting Minutes

Joyce Miller, Administrative Assistant, Director's Office, Department of Health and Human Services, called roll. She informed the group that Dr. Green and Mr. Trowbridge were excused from the meeting and that Mary Wherry, the Deputy Administrator for the State Health Division, was representing Dr. Green. Ms. Miller then stated that there was quorum present.

Dr. Rawson mentioned that after reviewing the schedule and events happening in Las Vegas, it would seem that it might be a good time to have all of the Task Force attend the January meeting in Carson City. He asked the members to tentatively plan on convening in Carson City at that time, and DHHS staff would follow-up regarding travel.

Dr. Rawson commented that during his review of the meeting minutes for October 9, 2009, he noted some typographical errors. He provided them to Lynn O'Mara, who assured him that the corrections would be made. Dr. Rawson then stated that unless there were more changes to the minutes, he was ready to accept a motion to approve the minutes with the noted corrections.

MOTION: Robert Schaich motioned that the minutes from the October 09, 2009 meeting be approved, with the noted corrections.

SECOND: Marc Bennett

APPROVED: UNANIMOUSLY

2. Announcements

Ms. O'Mara reviewed the contents of the meeting packets provided to the members, and asked Director Willden if he had any update regarding the status of the appointment of the twentieth Task Force member. He stated that he did not.

Ms. O'Mara reminded the members to be sure and submit their executed Oaths, Disclosure Statements, and Sexual Harassment Policy Acknowledgments as soon as possible, if they have not done so already.

3. Adoption of Task Force Bylaws and Election of Vice Chairman

Dr. Rawson asked Ms. O'Mara to explain the changes made to the draft bylaws, since first presented during the previous meeting. Ms. O'Mara stated that the typographical errors noted at that time had been

corrected. She also noted a modification of Section VI, Subsection A, Meetings. At the suggestion of the Attorney General's Office, meeting frequency was being proposed as a minimum of six meetings per state fiscal year, to allow for flexibility in scheduling, while maximizing the productive use of Task Force members' time. Ms. O'Mara also explained the change to Section IV, Members, Subsections B and G. Dr. Rawson was proposing that members with excused absences could have a representative attend in their place and have the same voting rights. Noting concerns expressed by Bobbette Bond during the discussion of the proposed bylaws during the previous meeting, Dr. Rawson asked Ms. Bond if this change was acceptable to her. She stated that it was acceptable, provided that Task Force members would be given ample notice of action items that would require a vote.

MOTION: Bobbette Bond motioned to approve the Bylaws as presented.

SECOND: Bob Schaich

APPROVED: UNANIMOUSLY

Dr. Rawson reviewed the role of the Vice Chairman, as stated in the approved Bylaws, and explained the benefits of electing an individual who was familiar with the process. He then asked for nominations.

Mary Wherry suggested that either Marc Bennett or Chuck Duarte be elected as Vice Chairman, as both were very knowledgeable about what needed to be accomplished. Mr. Bennett expressed concern that he was not a Nevada resident and asked if it would be more appropriate for the position to be held by someone in Carson City. There were no further comments or nominations.

MOTION: Mary Wherry motioned to approve Marc Bennett as the Task Force Vice Chairman.

SECOND: Chris Bosse

APPROVED: UNANIMOUSLY

4. Educational Presentation – Nevada Broadband Task Force

Todd Radtke introduced himself as the Chief Information Officer for Nevada Rural Hospital Partners (NRHP), which was striving to bring health information technology to the forefront. He then provided information to the Task Force contained in a handout entitled "Broadband in Nevada," as the Chairman of the Nevada Broadband Task Force.

Dr. Rawson asked about access issues. Mr. Radtke explained about T1 bandwidth. Dr. Rawson asked if it was cable or microwave. Mr. Radtke replied that it was copper wire cable. Dr. Rawson asked if satellite was an option. Mr. Radtke replied in the negative and stated that satellite had an inherent latency, delaying transmission. He further explained that it was not bi-directional; while it was fast for data uploads, it was not for downloads.

Mr. Radtke mentioned that one of the major barriers to EHR adoption was the capital expense facing independent providers and rural health clinics. Ms. Bond requested clarification regarding if the providers are independent of hospitals. Mr. Radtke replied that rural health clinics are owned by the hospitals, and not independent providers.

Dr. Rawson asked how NRHP dealt with urban health care. Mr. Radtke replied it had very limited dealings with urban providers at this time.

Mr. Radtke then went on to discuss Broadband ARRA funding sources, which were included in the handout. The Broadband Initiatives Program (BIP) is through the USDA Rural Utility Service (RUS) and focused on broadband infrastructure projects in rural areas. Second, the US Department of Commerce National Telecommunications and Information Administration (NTIA) is responsible for the Broadband Technology Opportunity Program (BTOP) for broadband infrastructure, public computer centers and sustainable broadband adoption projects. Finally, the US Department of Commerce State Broadband Data and Development Grant Program, administered through the NTIA, is responsible for state level broadband mapping. This funding is being used to create detailed maps of broadband coverage for each state, and to assess the current state of broadband adoption, community-by-community, within a state. Connected

Nation® has been commissioned by the Office of the Governor to create detailed maps of broadband coverage within Nevada.

The Task Force was informed by Mr. Radtke that the Broadband Task Force reviewed and scored over 65 Nevada grant applications, for the first round of BTOP funding. There will be one grant award per state. The state is eligible to apply for future rounds of broadband funding. Mr. Radtke explained that future applicants are being encouraged to partner and combine grant applications for greater benefit.

As part of his presentation, Mr. Radtke explained the relationship between Broadband and HIT/HIE infrastructure. There was discussion regarding eventually having a complete list of broadband providers statewide, which could then be used to identify geographic areas without broadband access and where health care providers might be lacking access for HIE. Dr. Rawson inquired about the scope and length of such a project. Mr. Radtke replied that it could be done in a few weeks, once the mapping data was received from Connected Nation®. Ms. O'Mara added that the state Primary Care Office now had more current and complete information regarding where active licensed physicians were practicing, which could also help to determine broadband needs for EHR adoption and HIE. Mr. Schaich stated the insurance industry would be interested in the data, to ensure broadband needs are met for the providers providing services to their members. Chuck Duarte clarified that there are different timelines for various HIT initiatives, and therefore, we are going to have to utilize the existing telecommunications infrastructure until such time as all the initiatives are completed. Mr. Duarte also commented that the focus of the effort ought to gain a better understanding of the specific HIT capacity for physicians and hospitals.

Mr. Radtke continued explaining Nevada's HIT Broadband issues. He cited trust as being the most important issue that must be addressed. For Nevadans to support HIE, they will have to be assured that the system is secure and their personal health information is protected. He also commented that telemedicine, which is particularly critical to providers in rural areas, will also benefit from the broadband infrastructure. Mr. Radtke pointed out that T1 bandwidth is not sufficient for meeting current needs. He stated that more bandwidth is available for cell phones, than for hospitals to run their business. Mr. Radtke cited a Teleradiology example. If a rural hospital sends a CT study to a radiology group in an urban area over a T1 line, the data transfer rate is 1.5 Megabits per second, or 1.5Mbps, and it takes 17 minutes to send. Ultrasounds can take an hour or more to send. If hospitals had a minimum bandwidth of 6Mbps, which is the equivalent of four T1 lines, CT studies could be sent in under 5 minutes and ultrasounds could be transmitted in under 25 minutes. Dr. Rawson asked what faster lines were available, such as a T4. Mr. Radtke stated that to achieve greater bandwidth, it was common practice to bundle four T1s to achieve 6Mbps bandwidth. Another option was a DS3 connection, which had the same capacity as twenty-eight T1s and 10Mbps bandwidth, the same as a local area network. Mr. Radtke stated his goal was to establish a minimum standard of 6Mbps for hospitals, with 10Mbps being ideal. Since cost was dependent on competition, the Broadband Task Force is seeking to enable more competition to drive down cost. Mr. Duarte asked if there were any applications involving microwave technology and if there was the possibility of connecting with any existing microwave infrastructure. Mr. Radtke responded that the current round of ARRA funding for broadband did not include microwave technologies, and stated that the focus was chiefly satellite and wireless applications for broadband infrastructure. He then summarized the Broadband Task Force Executive Order, and reiterated that for the previously mentioned first round of ARRA Broadband funding, there were 65 applications from Nevada and 2,200 nationally. Nevada ranked number one over Arizona for the infrastructure tower development, and the Clark County library system had the strongest applications for the establishment of public computing centers. Mr. Radtke remarked that Connected Nation® had built the initial statewide broadband map and the preliminary data mapping was due February 01, 2010. Final mapping must be completed by March 01, 2010.

Dr. Stephen Loos expressed concern about adequate storage as data continued to be collected. Mr. Radtke agreed that data storage capacity was a major issue and could become a barrier. Mr. Duarte stated that storage depends on the architecture that is adopted, and the focus for the state was providing the capacity to enable health information sharing or exchange.

5. Educational Presentation – Health Information Technology Regional Extension Centers

Ms. O'Mara reminded the Task Force members that information regarding the HIT Regional Extension Centers was provided in their binders and that these centers would be assisting small physician offices (10 physicians or less) and individual providers with the adoption of electronic medical records. She commented that *HealthInsight*, the federally designated quality improvement organization for Nevada and Utah, had submitted an application to also become the regional extension center for Nevada and Utah, to assist with workforce readiness, and Marc Bennett would be providing more detailed information during his presentation to the Task Force.

Mr. Bennett introduced himself as President and CEO of *HealthInsight*. He then provided information to the Task Force contained in a handout entitled "Health Information Technology Regional Extension Centers." During his overview of the ARRA HITECH Act of 2009, he stated there was \$34 billion allocated for incentives to physicians who use Electronic Health Records (EHRs) in a "meaningful" fashion, along with an additional \$2 billion for the provision of support services. The HIT Regional Extension Centers (RECs) were being funded by the \$2 billion allocation. Mr. Bennett noted that the *HealthInsight* application was intended to initially support 1,000 primary care providers to adopt EHRs and understand "meaningful use." An additional 1,000 providers were expected to be supported in 2012 and 2013. Ultimately, ONC intends to fund approximately 70 RECs. Mr. Bennett explained that ONC defined the Priority Providers as being family practice, internal medicine, pediatrics, OB/Gyn, federally-qualified health centers, rural health clinics, primary care clinics associated with Critical Access Hospitals, public/non-profit hospitals, and others serving medically underserved areas. He explained that there will be various Medicare and Medicaid incentives, beginning in 2011, to encourage physicians to adopt EHRs, and disincentives, if they do not. Most adult providers will qualify for the Medicare incentives, which are estimated to be \$44,000 per physician over five years. While Medicaid incentives are larger, there are greater requirements and qualifying for the funds will be more difficult. Providers who adopt an electronic medical record after 2014 will not be eligible for incentives, and disincentives will begin in 2015. For Medicare payments, there would be a minimum 1% reduction, with a maximum of 5%, of the payment of your billing. Bob Schaich clarified that providers could begin in 2011 or 2012, and still achieve the full 5-year payout schedule. Mr. Bennett stated that under Medicaid's program, an eligible provider needed to have a Medicaid patient volume of 30%, while pediatricians were required to have only a volume of 20%. The intent of the incentives was to help cover a large portion of EHR implementation costs. Mr. Bennett reported that *HealthInsight* received 1,400 commitment letters from providers for its REC application, and over half were from Nevada. He also commented that the application was accompanied by 65 letters of support that included commitments for assistance with recruitment, referrals to the Regional Center and educational outreach. *HealthInsight* also secured a commitment for 1st year funding of \$300,000 through the Nevada and Utah Charter Value Exchanges. Ultimately, *HealthInsight* will need to supply up to a 50% match for the 4-year federal funding. Mr. Bennett estimated that over the 4-year period, \$3.5 to 4 million would go to Nevada, though the REC, specifically for assistance with EHR adoption. The expectation is that these monies would result in a 50-60% EHR adoption rate by Nevada primary care physicians at the end of 4 years.

Mr. Duarte commented that recommendations were being developed regarding what ought to be included in a "model" EHR, quality criteria for children. It is anticipated that these criteria will shape the future of EHR functionality, to ensure providers submitting accurate and complete data, that are measurable and which demonstrate that they are achieving better outcomes through the use of EHRs and HIE.

Dr. Maurizio Trevisan requested more information on EHR interoperability. Mr. Bennett commented that the industry standard HL7 interface was the basic means for sharing data between providers. He continued by explaining that as Nevada's HIE was implemented, it would serve as a portal to move information from one record system to another. Mr. Duarte stated that he had spoken with Arizona's Medicaid Director, who was insistent that HIEs not be too complicated. Arizona Medicaid has an operating HIE, which is essentially a public domain record locator. It is simple and working very well.

Mr. Bennett closed his presentation by stating that *HealthInsight* will be notified by December 11, 2009, if it has been selected as an REC. He was confident and reasonably optimistic that his firm would receive the designation and requested funding.

6. Staff Report – State Health Information Exchange Cooperative Agreement Application

Ms. O'Mara stated that the final application was submitted on time, and a copy was provided to the members in their meeting packet. She commented that new Task Force member, Peggy Brown, represented the Nevada Chapter of the American Health Information Management Association (AHIMA), and AHIMA was under contract to ONC for the provision of HIE technical support and guidance to all states. Mr. Bennett asked Ms. O'Mara if she knew when the funding would occur for the HIE agreement. She replied that Nevada expected to receive notification of its funding award by December 15, 2009. The first portion of the funding, for the development of the strategic and operational plans, was expected by January 15, 2010. The plans have to be submitted to ONC by mid-September 2010.

7. Public Comments and Discussion

None

8. Adjournment

Dr. Rawson stated that the next meeting of the Task Force was scheduled for December 11, 2009. At 11:15 a.m., he adjourned the meeting for the Task Force members. Ms. O'Mara and Ms. Miller remained available at the meeting locations, until 2:00 p.m. as posted, to take any public comment. None was received. The meeting formally adjourned at 2:00 p.m.